SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| ı | FOR LINE NUMBER: | | | | | PAGE | | 1 | OF | | 19 | | |
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| | (che | ck only | or | one) | | | | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | | | | | |
| | | 13 | | 14 | | 15 | | 16 | | | 17 | | |

| | Statements may not be sold or used by any pers ne name and address of any political committee to | | | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--|--|--|
| NAME OF COMMITTEE (In Full) AMERICAN COURAGE | | | | | |
| Full Name (Last, First, Middle Initial) Dorothy J. Easley Mailing Address 4902 NW 55th Court City | State Zip Code | Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y | | | |
| Tamarac FEC ID number of contributing federal political committee. | FL 33319 | Amount of Each Receipt this Period 250.00 | | | |
| Name of Employer Broward College Receipt For: Primary General Other (specify) ▼ | Occupation Professor Aggregate Year-to-Date ▼ 250.00 | | | | |
| Full Name (Last, First, Middle Initial) Brian Ferber Mailing Address 5700 Lake Worth Road Suite 301 City | State Zip Code | Date of Receipt 03 21 2012 Transaction ID: SA11AI.4192 | | | |
| Greenacres FEC ID number of contributing federal political committee. | FL 33463 | Amount of Each Receipt this Period 2500.00 | | | |
| Name of Employer Ferber Dental Group Receipt For: Primary General Other (specify) ▼ | Occupation Dentist Aggregate Year-to-Date ▼ 2500.00 | | | | |
| Full Name (Last, First, Middle Initial) Wade B. Harrouff Mailing Address 8458 SE Merritt | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| City Jupiter FEC ID number of contributing federal political committee. | State Zip Code FL 33458 | Transaction ID : SA11AI.4194 Amount of Each Receipt this Period 5000.00 | | | |
| Name of Employer Wade Harrouff, DDS Receipt For: Primary General Other (specify) ▼ | Occupation Dentist Aggregate Year-to-Date ▼ 5000.00 | | | | |
| SUBTOTAL of Receipts This Page (optional) | <u> </u> | 7750.00 | | | |
| TOTAL This Period (last page this line numbe | r only) | | | | |